COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004

1. **DEPARTMENT/COURT INFORMATION:**

Department/Court: **Health & Human Services Agency**

Division/Unit: PHS - Community Epidemiology

2. **VOLUNTEER PROGRAM BENEFITS:**

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	0	Hours	0	X	$17.19	=	$0.00

Types of work performed by GENERAL VOLUNTEERS in this category:

_____

_____

_____

b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	$17.19	=	$0.00

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

_____

_____

_____

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	X	VCL	=	Dollar Benefit
					$0.00
					$0.00

No. Vol.	0	Total Hours	0	Total Value	$0.00

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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

- health data analysis
- presentation şkills
- understanding of epidemiology principles

    d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
1	80	$2,400
1	50	$1,100
1	25	$800

TOTALS:	3	Total Hours	155	Total Value	$4,300.00

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated:_____n/a_____ Value:_____n/a_____

Item Donated:_____ Value:_____

Item Donated:_____ Value:_____

Item Donated:_____ Value:_____

TOTAL VALUE =	$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] <u>directly supervising</u> program volunteers.)

25	X	37.70	$942.50

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	X	Rate	$0.00

c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____   Cost:_____

Item : _____   Cost:_____

Item : _____   Cost:_____

TOTAL OF OTHER PROGRAM COSTS = $0.00

d.   TOTAL OF PROGRAM COST (4a+4b+4c) = $942.50

5.   NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a   Total Dollar Benefits of Volunteers, Item 2d $4,300.00

b.   Total of Donations to Volunteer Program, Item 3 $0.00

c.   Subtract Total of program Costs, Item 4d $942.50

TOTAL PROGRAM BENEFIT: $3,357.50

6. RECRUITING:
Please describe your recruiting programs:

_____
_____
_____
_____

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:
Please describe any special activities and/or achievements your program was involved in during the period of this report:

_____
_____
_____
_____

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

_____
_____
_____
_____

9. GENERAL INFORMATION:

Name of person completing report: **Louise Gresham, Ph.D., MPH**

Phone: 619-515-6621 Mail Stop: P511C-A E-Mail: uise.gresham@sdcounty.ca.g

Volunteer Coordinator: _____

Phone: _____ Mail Stop: _____ E-Mail: _____

10. DEPARTMENT CERTIFICATION:

_____ 7/8/04
DEPARTMENT HEAD SIGNATURE   DATE